

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/16/2021
NAME OF PROVIDER OR SUPPLIER BELLAROSE NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 BELLAROSE LAKE WAY GARNER, NC 27529		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments An unannounced recertification survey and complaint investigation was conducted 07/12/2021 through 07/16/2021. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness, Event ID # 6XLV11.	E 000			
F 000	INITIAL COMMENTS A recertification survey and complaint investigation was conducted from 7/12/2021 through 7/16/2021. Two of the two complaint allegations were unsubstantiated. Event ID # 6XLV11.	F 000			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to	F 761		7/21/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/21/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 761	<p>Continued From page 1</p> <p>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interviews, the facility failed to dispose of expired medication on one of three medication carts reviewed for expired medications.</p> <p>Findings included:</p> <p>On 7/13/2021 at 10:30 AM the medication cart on the Springs hall was reviewed for expired medications. A box with a vial of insulin was found with a label stating it was opened 6/8/21 and expired 7/5/21. The label contained the Resident ' s name, dose, route, time and diagnosis. Noted on the label was "expires 28 days after opening."</p> <p>Nurse #1, who was present, acknowledged the medication was out of date.</p> <p>The Consulting Pharmacist was interviewed 7/13/2021 at 11:30 AM and stated the expired medication had been identified the week before and was mistakenly put back on the medication cart.</p> <p>On 7/16/2021, the Director of Nursing stated the expired medication should have been disposed of.</p>	F 761	<p>The insulin was immediately discarded from the med cart. All other carts and med rooms were checked for any other expired medications and none were found. All nurses were inserviced on medication expirations and storage. All medications carts and rooms will be checked for expired medications weekly by the consultant pharmacist for 12 weeks, to establish substantial compliance. The findings from the weekly pharmacist audit will be brought to the QA Committee and Meeting for review and revision of the plan of correction as needed.</p>		